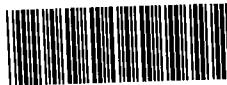


Specialty Chemicals  
Honeywell  
P.O. Box 13  
Danville, IL 61834-0013  
217 446-4700

US EPA RECORDS CENTER REGION 5

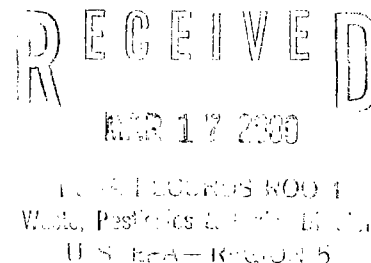


1002077

January 5, 2000

183 804 0027  
ILD 005 463 344  
VERMILLION-  
GEN CORP

Ms. Joan McMillan  
Illinois Environmental Protection Agency  
Bureau of Land  
Annual Report and Manifest Unit  
P.O. Box 19276  
1021 N. Grand Avenue East  
Springfield, IL 62794-9276



Dear Ms. McMillan:

This letter is to inform your agency that **AlliedSignal Inc.** has changed its name to **Honeywell International Inc.**

On December 1, 1999 after the close of trading on the New York Stock Exchange, AlliedSignal Inc. and Honeywell Inc. consummated a merger pursuant to an Agreement and Plan of Merger dated as of June 4, 1999. Under the merger agreement a wholly owned subsidiary of AlliedSignal merged with and into Honeywell. As a result of the merger, Honeywell has become a wholly owned subsidiary of AlliedSignal, which changed its name to Honeywell International Inc. at the effective time of the merger pursuant to the merger agreement.

Accordingly, the net effect of the transaction for an AlliedSignal facility such as the **Danville Works** location is a simple name change from "AlliedSignal Inc." to "Honeywell International Inc."; the corporate entity that owned the Danville Works before December 1 is the same entity that owns the site today. I hope this serves to fully clarify the nature of the recent transaction and to obviate the need for a permit transfer.

To reiterate, this letter is to inform your agency that only a name change has occurred, there has been **no change of ownership** of this facility. If you have any additional questions please do not hesitate to contact me.

Sincerely,

*Bruce Schofield*  
Bruce Schofield  
Site Leader

*updated  
C Klemme  
3/3/00*

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION V

DATE: January 17, 1992

SUBJECT: TC Late Notifier  
Allied-Signal  
ILD 005 463 344

FROM: Zetta Thomas *zt*  
IL/MI/WI Enforcement Program Section

TO: File

Allied-Signal, Inc.  
Danville, Illinois  
ILD 005 463 344  
Revised Part A: January 23, 1991

The newly identified TC hazardous wastes D019 and D022 were  
previously injected into the UIC well. The well is covered by  
UIC permit #UIC-003-W1-AC issued by IEPA on 3/30/87.

cc: Paul Dimock  
Zetta Thomas



1LD 005 463 344

Allied-Signal Inc.  
P.O. Box 13  
Danville, IL 61834  
Telephone (217) 446-4700

January 23, 1991

U.S. EPA Region V  
RCRA Activities  
Waste Management Division  
P.O. Box A3587  
Chicago, IL 60690

RE: Revised Part A Permit Application  
Allied-Signal, Inc.  
5 Brewer Road  
Danville, IL 61832

U. S. EPA, REGION V  
SWB - EAS

Dear Sir or Madam:

Enclosed is a revised RCRA Part A permit application for Allied-Signal Inc.'s Danville Works facility. This application relates to wastes that are injected into the well that is covered by UIC permit #UIC-003-W1-AC issued by the Illinois Environmental Protection Agency (IEPA) on March 30, 1987. We are eliminating the D002 waste code because the waste is now neutralized prior to injection. There have been no other changes to the ongoing operations of the well. The newly designated codes D019 for carbon tetrachloride, and D022 for chloroform, apply to wastes that have been previously injected and which are covered by the UIC permit. This updated Part A permit application is consistent with the UIC permit renewal application now pending before IEPA.

If you have any questions or concerns about this filing, please contact me or Mr. B.C. Darji at (217) 446-4700.

Sincerely,

Don M. Phillips  
Plant Manager

DMP:pk

Attachment

cc: L. Eastep, IEPA

C23-T

- 1 of 7 -



I L D 0 0 5 4 6 3 3 4 4

1 8 3 8 0 4 0 0 2 7

A L L I E D - S I G N A L I N C .

5 B R E W E R R O A D P O B O X 1 3

D A N V I L L E I L 6 1 8 3 2 -

2 1 7 - 4 4 6 - 4 7 0 0

P

X

A L L I E D - S I G N A L I N C .

1 0 1 C O L U M B I A R O A D

M O R R I S T O W N N J 0 7 9 6 2 -

2 0 1 - 4 5 5 - 2 0 0 0

P

X

2 8 6 9 (description)  
Industrial Organic Chemicals2 8 1 9 (description)  
Industrial Inorganic Chemicals(description)  
N/A(description)  
N/AN  
U  
EI L 0 0 4 2 8 0 3  
U I C - 0 0 3 - W 1 - A C  
S E E A T T A C H E D

NPDES (storm water)

Class I Underground Injection Well

I L D 0 0 5 4 6 3 3 4 4

1 8 3 8 0 4 0 0 2 7

The Danville facility produces Genetron, a registered trademark for Allied-Signal's fluorocarbon refrigerant gases. Specifically, the Danville facility produces Genetron 11 (trichlorofluoromethane) and Genetron 12 (dichlorofluoromethane).

A co-product, hydrochloric acid is produced as a result of the plant process. The acid is sold as food grade acid to the food processing industry and is also used for pickling steel.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	UNIT OF MEASURE	UNIT OF MEASURE CODE
D79	<b>DISPOSAL:</b> INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY	GALLONS .....	G
D80	LANDFILL	ACRE-FEET OR HECTARE-METER	GALLONS PER HOUR .....	E
D81	LAND APPLICATION	ACRES OR HECTARES	GALLONS PER DAY .....	U
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY	LITERS .....	L
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS	LITERS PER HOUR .....	H
S01	<b>STORAGE:</b> CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS	LITERS PER DAY .....	V
S02	TANK	GALLONS OR LITERS	SHORT TONS PER HOUR .....	D
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS	METRIC TONS PER HOUR .....	W
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS	SHORT TONS PER DAY .....	N
T01	<b>TREATMENT:</b> TANK	GALLONS PER DAY OR LITERS PER DAY	METRIC TONS PER DAY .....	S
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY	POUNDS PER HOUR .....	J
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR	KILOGRAMS PER HOUR .....	R
T04	OTHER TREATMENT  (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY	CUBIC YARDS .....	Y
			CUBIC METERS .....	C
			ACRES .....	B
			ACRE-FEET .....	A
			HECTARES .....	Q
			HECTARE-METER .....	F
			BTU's PER HOUR .....	K

EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

I L D 0 0 5 4 6 3 3 4 4

1 8 3 8 0 4 0 0 2 7

## XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers 1-10 only) - A facility has two storage tanks. Tank 1 can hold 200 gallons and the other can hold 400 gallons. The facility also has a storage tank that can hold 180,000 gallons of water.

Line Number	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		C. PROCESS TOTAL AMOUNT OF UNITS	D. UNIT OF MEASURE (enter code)	E. PROCESS TOTAL AMOUNT OF UNITS	F. UNIT OF MEASURE (enter code)
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				
X 1	S 0 2	200	6	200	6	200	6
X 2	T 0 3	400	6	400	6	400	6
1	D 7 9	180,000	U	0 0 1			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

NOTE: If you need to list more than 12 processes, use the additional lines provided on the back of this form. Number the lines sequentially, starting with line 13. Do not use line 12 for additional treatment processes from XIII.

## XIII. Additional Treatment Processes (follow instructions on page 1)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY		C. PROCESS TOTAL AMOUNT OF UNITS	D. UNIT OF MEASURE (enter code)	E. PROCESS TOTAL AMOUNT OF UNITS	F. UNIT OF MEASURE (enter code)
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				
	T 0 4						
	T 0 4						
	T 0 4						
	T 0 4						



EPA I.D. Number (enter from page 1)

Second ID Number (enter from page 1)

I L D 0 0 5 4 6 3 3 4 4

1 8 3 8 0 4 0 0 2 7

## XIV. Description of Hazardous Wastes

- A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

## 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

**NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:**

- Enter the first two as described above.
- Enter "000" in the extreme right box of Item XIV-D(1).
- Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

## 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D(2)).

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM XIV** (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS									
							(1) PROCESS CODES (enter)					(2) PROCESS DESCRIPTION (If a code is not entered in D(1))				
X 1	K	0	5	4	900	P	T	0	3	D	8	0				
X 2	D	0	0	2	400	P	T	0	3	D	8	0				
X 3	D	0	0	1	100	P	T	0	3	D	8	0				
X 4	D	0	0	2									Included With Above			

EPA ID Number (enter from page 1)

Secondary ID Number (enter from page 1)

I L D 0 0 5 4 6 3 3 4 4

1 8 3 8 0 4 0 0 2 7

## XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	(1) PROCESS CODES (enter)										(2) PROCESS DESCRIPTION (If a code is not entered in D(1))	
				D	7	9									
1	D 0 0 4	109,500	T	D	7	9									
2	D 0 1 9														Included with above
3	D 0 2 2														Included with above
4															
5															
6															
7															
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47															
48															
49															
50															

NOTE: This list does not include the wastes which are or may be stored in the less than 90 day drum storage and tank storage or treatment units.

**XIV. Description of Hazardous Waste (continued)**

**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.**

XV. Map

**Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.**

**All existing facilities must include a scale drawing of the facility (see instructions for more detail).**

**All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).**

**I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.**

Name and Official Title (type or print)  
N/A

N/A

- 7 of 7 -

DEC 20 1985

5HS-12

Mr. Richard Purgason  
Plant Manager  
Allied Corporation  
P.O. Box 13  
Danville, Illinois 61832

Re: Revised Part A Permit Application  
Allied Corporation  
ILD 005463344

Dear Mr. Purgason:

We have received your revised Part A permit application, dated October 28, 1985. Because you certified that no wastes were ever stored in your facility's tanks for longer than 90 days, and since the treatment listed on your previous applications (T04) is part of your injection well system, we have withdrawn the S02 and T04 process codes. In addition, the Illinois Environmental Protection Agency has certified that your container storage area (S01) has been closed in accordance with State regulations. We have, therefore, deleted the S01 process code as well.

Please contact Ann Brash, at (312) 886-1484, if you have any questions regarding this matter.

Sincerely,

Edith M. Ardiente, P.E.  
Chief, Technical Programs Section

cc: Larry Eastep, IEPA

5HS-12:A.Brash:fr:12/5/85

INIT. DATE	TYP.	AUTH.	IL CHIEF	IN. CHIEF	REL. CHIEF	PROG/M DATE	REL. DATE	TPS DATE	VED DATE	VED DATE
P.R. 12/15/85	MS	12/9/85	12-13							

*Handwritten:* 12-13, 12/16/85, 12/16/85



DEC 10 1984

5HW-12

Richard L. Purgason, Plant Manager  
Allied Chemical  
P.O. Box 13  
Danville, Illinois 61832

Re: Withdrawal of Part A  
Permit Application  
ILD 005463344

Dear Mr. Purgason:

The U.S. Environmental Protection Agency has reviewed your request to withdraw your RCRA Part A permit application. On the basis of the information you provided, we determined that your operation included treatment, storage, or disposal of hazardous waste subject to 35 Ill. Adm. Code Part 725.

Therefore, a closure plan must be submitted directly to Permit Section, Division of Land Pollution Control, Illinois Environmental Protection Agency, 2200 Churchill Road, Springfield, Illinois 62706. Requirements for closure are found at 35 Ill. Adm. Code Part 725. Questions on closure should be directed to Illinois EPA at the above address.

Thank you for your cooperation in this matter.

Sincerely,

Robert L. Stone  
State Implementation Officer

cc: Larry Eastep, IEPA  
Bill Radlinski, IEPA

bcc: Lisa Pierard, RAIU  
Jodi Traub, GNCU

5HW-12:B.STONE:fr:12/7/84

INITIALS	DATE	EXIST	AUTHOR	STW #1 CHIEF	STW #2 CHIEF	STW #3 CHIEF	TPS CHIEF	W&B CHIEF	W&D CHIEF
	12/7/84		12-7-84						





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF  
5HW-13

OCT 24 1984

Richard L. Purgason, Plant Manager  
Allied Chemical  
P. O. Box 13  
Danville, Illinois 61832

RE: Request for Information--Hazardous  
Waste Permit Review (Signature and  
Certification)

FACILITY NAME: Allied Chemical, Danville Works  
U.S. EPA ID NO: ILD005463344

Dear Mr. Purgason:

This is to acknowledge receipt of your letter of October 3, 1984, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 270.11 (enclosed). Please resubmit your request, with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly, we will continue to process your application.

Please feel free to contact the Regulatory Analysis and Information Unit at (312) 886-6148 for assistance, if you have any questions. Please refer to "Request for Information--Hazardous Waste Permit Review (Signature and Certification)," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: P. M. Crosby, Vice President-Performance Chemicals



**Chemicals Company**

P.O. Box 13  
Danville, Illinois 61832  
(217) 446-4700

*This change affects all  
Allied facilities*

June 25, 1981

*RCRA  
ILD 005463344*

Regional Administrator  
USEPA Region V  
230 South Dearborn Street  
Chicago, Illinois 60601

Re: NPDES Permit No. IL0042803

Dear Sir:

Please be advised that on April 27, 1981 the shareholders of Allied Chemical Corporation ratified a change of name from Allied Chemical Corporation to Allied Corporation. As a permittee, pursuant to various federal and state environmental statutes, this plant remains the same legal entity despite the name change. Nevertheless, we would like to take this opportunity to so notify your agency as to avoid future confusion.

Respectfully,

A handwritten signature in cursive script that reads 'W. C. A. Schrader'.

W. C. A. Schrader  
Plant Manager

WCAS:cmm

**RECEIVED**  
JUL 2 1981  
ENFORCEMENT DIVISION  
EPA-REGION V

ALLIED CORPORATION  
IDL005463344

Form 1

Item X-E Illinois EPA Air Operating Permits

0660015	Genetron 12/11 Process
0660014	Fluorocarbon Production
0660013	Ventilation System
0660012	Eight (8) Product Storage Tanks
72100743	No. 1 Boiler
72100744	No. 2 Boiler
06120019	HCl Recovery and Purification Section

RECEIVED  
OCT 29 1985  
EPA/DLPC

<b>FORM 1</b> <b>GENERAL</b>	 <b>EPA</b> U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	<b>I. EPA I.D. NUMBER</b> F I L D 0 0 5 4 6 3 3 4 4 1 2 3 4 5 6 7 8 9 10 11 12
<b>II. POLLUTANT CHARACTERISTICS</b>		

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question; you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

<b>III. NAME OF FACILITY</b> 1 SKIP ALLIED CORPORATION											
<b>IV. FACILITY CONTACT</b>											
A. NAME & TITLE (last, first, & title) 2 PURGASON RICHARD PLANT MANAGER					B. PHONE (area code & no.) 2 1 7 4 4 6 4 7 0 0						
<b>V. FACILITY MAILING ADDRESS</b>											
A. STREET OR P.O. BOX 3 P.O. BOX 13											
B. CITY OR TOWN 4 DANVILLE					C. STATE I L		D. ZIP CODE 6 1 8 3 2				
<b>VI. FACILITY LOCATION</b>											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 5 BREWER ROAD											
B. COUNTY NAME 6 VERMILION					C. CITY OR TOWN 6 DANVILLE		D. STATE I L		E. ZIP CODE 6 1 8 3 2		
F. COUNTY CODE (if known)											

RECEIVED  
OCT 29 1985

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	6	9	(specify) Industrial Organic Chemicals	7	2	8	1	9	(specify) Industrial Inorganic Chemicals								
C. THIRD										D. FOURTH									
7					(specify) N/A	7					(specify) N.A.								

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?		
8	A	L	L	I	E	D	C	O	R	P	O	R	A	T	I	O	N															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)																	
F = FEDERAL    M = PUBLIC (other than federal or state) S = STATE      O = OTHER (specify) P = PRIVATE															2 1 7    4 4 6    4 7 0 0 19    20    21    22    23																	
E. STREET OR P.O. BOX																																
P O BOX 13																																
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND							
B D A N V I L L E															I L					6 1 8 3 2					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)											
9	N	I	L	0	0	4	2	8	0	3	9	P	N	A							
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)											
9	U	1	9	8	2	-	2	-	O	P	9										(specify) SEE ATTACHED SHEET
C. RCRA (Hazardous Wastes)										E. OTHER (specify)											
9	R	I	N	T	E	R	I	M	S	T	A	T	U	S	9						(specify) N.A.

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Production of fluorocarbon refrigerant gases 12 & 11 and hydrochloric acid. Blending and packaging of refrigerant and dispersant gases.

## XIII. CERTIFICATION (see instructions)

I, the undersigned, being a duly qualified and authorized representative of the facility, certify that the information submitted in this application and all attachments is true and correct to the best of my knowledge and belief, and that I am not aware of any information that would cause the information submitted in this application to be false or misleading in any material respect.

(SEE EXHIBIT A)

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Richard L. Purgason										<i>Richard L. Purgason</i>										Oct. 28, 1985									
COMMENTS FOR OFFICIAL USE ONLY																													

<b>FORM</b> <b>1</b>	<b>EPA</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;">             ILD005463344           </div>
<b>II. FACILITY INFORMATION</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>AUG 06 1984</b>   <b>WMD-RAIU</b>  <b>EPA REGION V</b> </div>	
<b>EPA I.D. NUMBER</b>	ILD005463344		
<b>III. FACILITY NAME</b>	ALLIED CORPORATION ALLIED CHEMICAL COMPANY P. O. BOX 13		
<b>V. FACILITY MAILING ADDRESS</b>	DANVILLE, ILLINOIS BREWSTER ROAD DANVILLE, ILLINOIS		
<b>VI. FACILITY LOCATION</b>		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 **SKIP** Allied Corporation Allied Chemical Co

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first & title)	B. PHONE (area code & no.)
2 Purgason, Richard, Plant Manager	217 446 4700

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	B. CITY OR TOWN
3 P O Box 13	4 Danville
C. STATE D. ZIP CODE	
IL 61832	

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIES IDENTIFIER	B. COUNTY NAME
5 Brewer Road	Vermilion
C. CITY OR TOWN	D. STATE E. ZIP CODE F. COUNTY CODE (if known)
6 Danville	IL 61832

VII. SIC CODES (4-digit, in order of priority)	
A. FIRST 7 2 8 6 9 (specify) Industrial Organic Chemicals	B. SECOND 7 2 8 1 9 (specify) Industrial Inorganic Chemicals
C. THIRD N. A.	D. FOURTH N. A.

VIII. OPERATOR INFORMATION	
A. NAME Allied Corporation	
B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F. FEDERAL S. STATE P. PRIVATE M. PUBLIC (other than federal or state) O. OTHER (specify) P (specify)	
D. PHONE (area code & no.) A 2 1 7 4 4 6 4 7 0 0	
E. STREET OR P.O. BOX P O Box 13	
F. CITY OR TOWN Danville	G. STATE IL
H. ZIP CODE 6 1 8 3 2	I. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

IX. EXISTING ENVIRONMENTAL PERMITS	
A. CWA (Discharges to Surface Water) I L 0 0 4 2 8 0 3	B. PSD (Air Emissions from Proposed Sources) P N A
C. UIC (Underground Injection of Fluids) 1 9 8 2 - 2 - I O P	D. OTHER (specify) (specify) See Attached Sheet
E. RCRA (Hazardous Wastes) interim statu	F. OTHER (specify) (specify)

X. MAP
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XI. NATURE OF BUSINESS (provide a brief description)
------------------------------------------------------

Production of fluorocarbon refrigerants 12 & 11 and hydrochloric acid. Blending and packaging of refrigerant and dispersant gases.

A. NAME & OFFICIAL TITLE (type or print) Richard L. Purgason Plant Manager	B. SIGNATURE Richard L. Purgason	C. DATE SIGNED July 28, 1984
-------------------------------------------------------------------------------	-------------------------------------	---------------------------------



EXHIBIT A

"I certify under penalty of law that that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations".

# PART A AMENDMENTS

Fac. Name Allied Corporation

I.D. # ILD-005-463-344

## Application

Date  
Received

Date of  
ADP Input

Filed (check)

11-17-80

## Amendments

Date  
Received

Date of Tech  
Staff Approval (if  
necessary)

Date of  
ADP Input

Filed (check)

6-25-81

8-16-84

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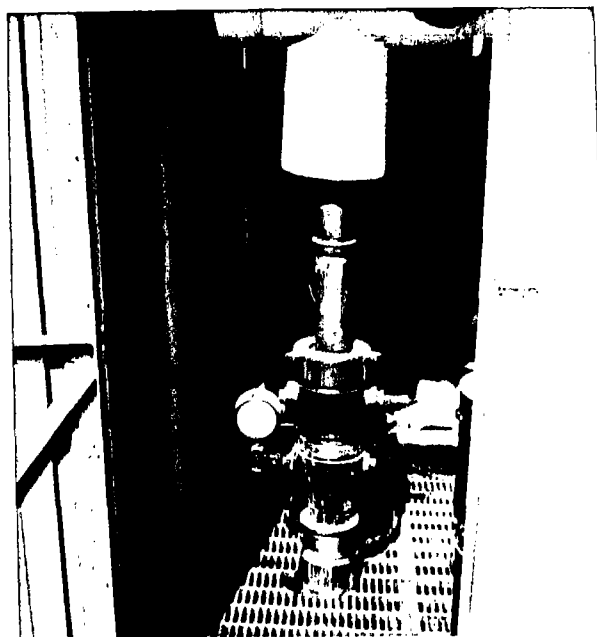
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Injection Well

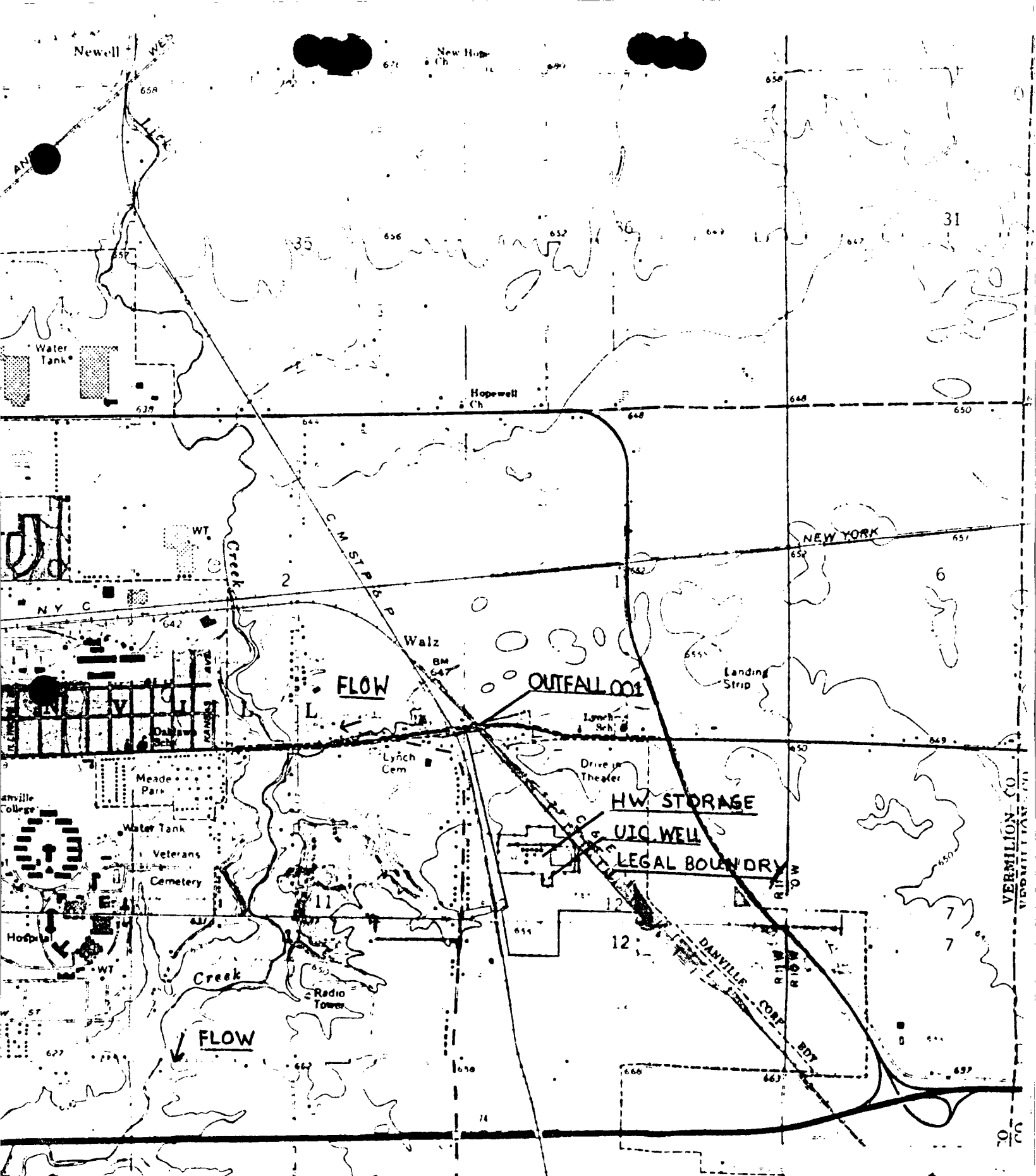
10-7-85

ALLIED CORPORATION  
ILD005463344

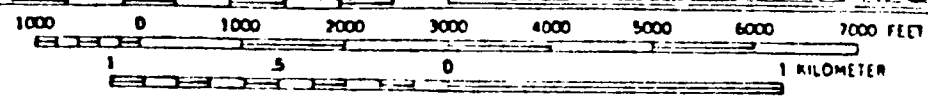
Form 1

Item X-E Illinois EPA Air Operating Permits

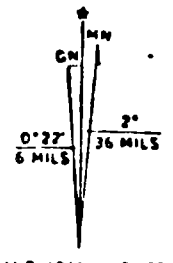
0660015	Genetron 12/11 Process
0660014	Fluorocarbon Production
0660013	Ventilation System
0660012	Eight (8) Product Storage Tanks
72100743	No. 1 Boiler
72100744	No. 2 Boiler
75080234	South Absorber
06120019	HCl Recovery and Purification Section



SCALE 1:24000 DANVILLE SE ILL.-IND. 87°32'30"  
AMS 3464 ISE Series II 8631 MILE



CONTOUR INTERVAL 10 FEET



UTM GRID AND TRUE MAGNETIC

or type in the unshaded areas only  
as are spaced for elite type, i.e. 10/10 (10/10 inches).

Form Approved OMB No. 158-S80004



ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FIELD 005463344 T/A C  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
8		

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

**Treatment:**

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
	T04	GALLONS PER DAY OR LITERS PER DAY

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PROCESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	
1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				
X-1 S 0 2	600	G			
X-2 T 0 3	20	E			
1					
2					
3					
4					

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS. . . . . P  
TONS. . . . . T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																						
<div>W</div> <div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</div>													<div>W</div> <div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26</div>																						
DESCRIPTION OF HAZARDOUS WASTES (continued)																																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																								
	23	24	25	26	27	28	29	30	31	32	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																				
											27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	
1	D	0	0	1	5,000				P		S	0	1																						
2	D	0	0	2	157,500				T		S	0	2	D	7	9																			
3	D	0	0	4																														Included in above	
4	U	2	1	1	50,000				P		S	0	1																						
5	K	0	2	1	45				T		S	0	1	T	0	4																		T04 - 5,000 gallon tank truck	
6	D	0	0	4																														included in above	
7	F	0	0	1	2,400				P		S	0	1																						
8	U	0	8	0	1,825				P		S	0	1																						
9	D	0	0	4	25,000				P		S	0	1																						
10	D	0	0	4	5,000				P		S	0	1																						
11	D	0	0	2																														included in above	
12	D	0	0	1	10,000				P		S	0	1																						
13	D	0	0	8																														included in above	
14	F	0	0	5	2000				P		S	0	1																						
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26																																			



**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

[illegible]

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## LATITUDE (degrees, minutes, &amp; seconds)

65	66	67	68	69	-	70	71

LONGITUDE (degrees, minutes, &amp; seconds)

72	-	74	75	76	77	-	79				

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

**B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

1. NAME OF FACILITY'S LEGAL OWNER																2. PHONE NO. (area code & no.)												
C E																												
15	16	3. STREET OR P.O. BOX										4. CITY OR TOWN							55	56	-	58	59	-	61	62	-	65
C F											C G																	
												48	49	51	52	40	41	42	47	-	51							

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Richard L. PURGASON	Richard L. Purgason	Aug 1, 1984

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
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**FORM**

## ENVIRONMENTAL PROTECTION AGENCY

## GENERAL INFORMATION

### Consolidated Permits Program

(Read the "General Instructions" before starting.)

1. EPA I.D. NUMBER

ILDOO5463344

T/A	C
W	F

## GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (*the area to the left of the label space lists the information that should appear*), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (*except VI-B which must be completed regardless*). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

## II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

### III. NAME OF FACILITY

1	SKIP	Allied Corporation	Allied Chemical Co.
10	10 - 20	20	

#### IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	Purgason, Richard, Plant Manager	217	446	4700

#### V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3	PO Box 13		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	Danville	IL	61832

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
5	Brewer Road										
B. COUNTY NAME											
Vermilion											
C. CITY OR TOWN											
8	Danville										
D. STATE											
IL											
E. ZIP CODE											
61832											
F. COUNTY CODE (if known)											

VIII. OPERATOR INFORMATION

18	18	00	00
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E. STREET OR P.O. BOX	
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26	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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## X. EXISTING ENVIRONMENTAL PERMITS

[illegible]

C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
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15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100														
XI MAP																																																																																																			

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Production of fluorocarbon refrigerants 12 & 11 and hydrochloric acid. Blending and packaging of refrigerant and dispersant gases.

### **XIII. CERTIFICATION (see Instructions)**

**I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.**

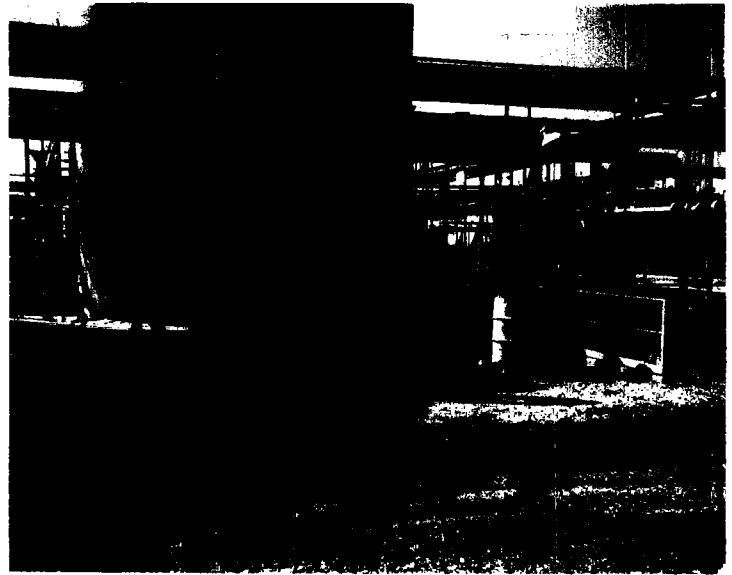
COMMENTS FOR OFFICIAL USE ONLY

FRA Form 2510-1 (6-80) REVERSE

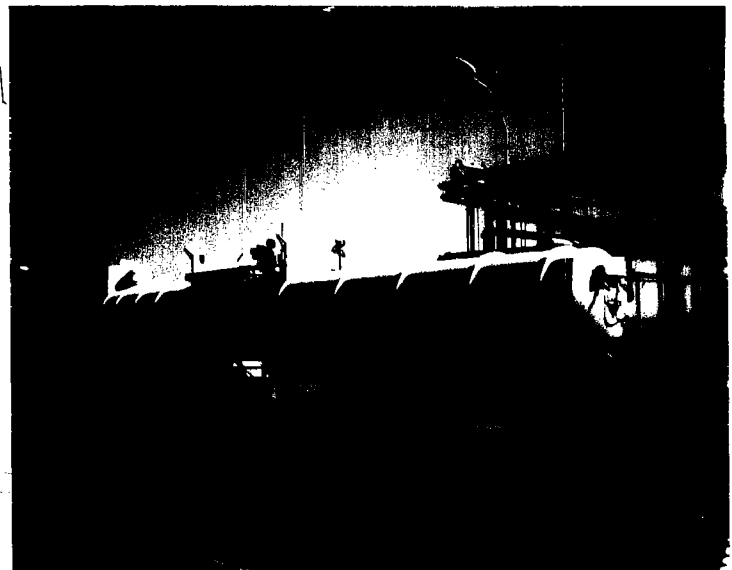
Pictures Taken 9/18/80



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DRUM STORAGE AREA

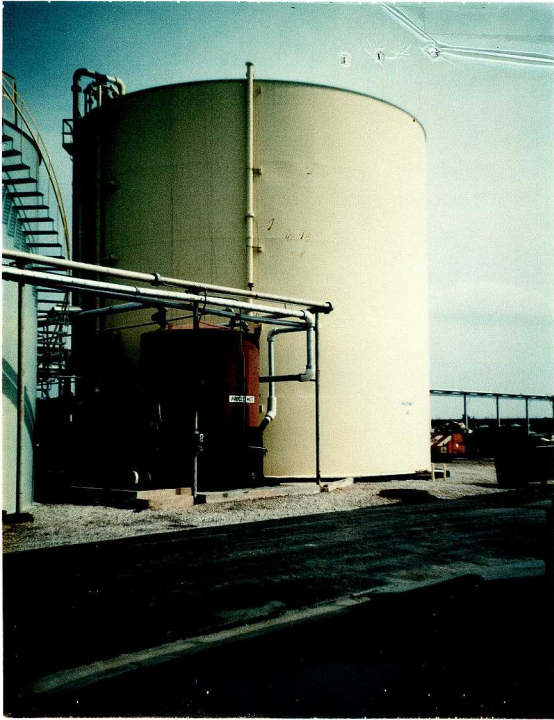


ANNUAL ANTIMONY CHLORIDE  
NEUTRALIZING TANK TRUCK

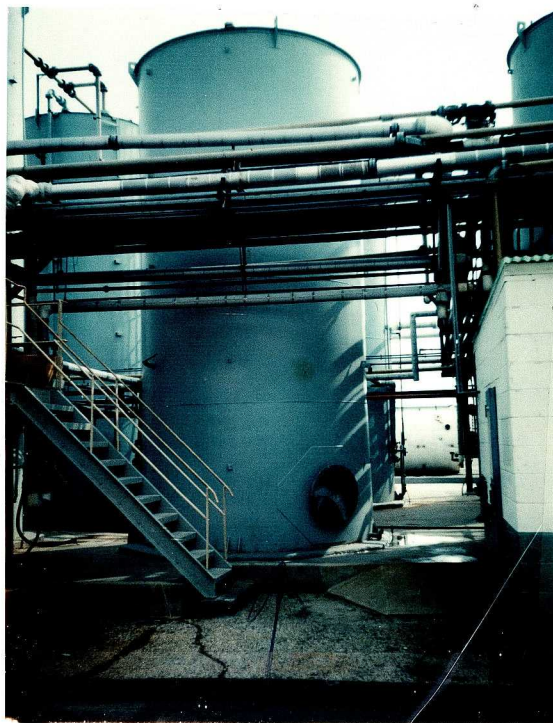


Pictures Taken 9/18/80

143  
Allied Chemical Corp.  
Danville, Illinois  
ILD 005463344



ACIDIC WASTE STORAGE TANKS  
(#38 & #40)



ACIDIC WASTE STORAGE TANK  
(#33)



ACIDIC WASTE STORAGE TANK  
(#34)



WASTE COLLECTION SUMP.

DATE: September 20, 1983

Land Division File

FROM: David C. Jansen, DLPC/FOS-Central Region

SUBJECT: LPC #18380427 - VERMILION COUNTY - DANVILLE/ALLIED CHEMICAL  
ILD #005463344

Hazardous wastes currently generated at this facility included: 1) Hydrochloric acid (D002); 2) Carbon tetrachloride (U211); and 3) Aqueous spent antimony catalyst waste from fluoromethane production (K021 and D004).

This facility's Part A application describes the generation and containerized storage of ignitable (D001) and reactive (D003) wastes. These wastes are not currently being generated nor are they expected to be generated in the future, per Mr. Lanter. A nitromethane waste, which had the characteristics of ignitability and reactivity, was generated before November 1980, and shipped off-site in 1981.

Never included on the Part A application was a paint sludge having the characteristics of ignitability, and E.P. Toxicity for chromium (D001 and D007). This waste was generated before November, 1980. One-hundred and ten (110) gallons of this waste were shipped off-site on June 15, 1982, under IEPA manifest #0241059, and Special Waste Permit #920364. This waste has not been generated since, and is not expected to be generated again.

This paint sludge was generated from a pressure cylinder paint spraying operation at the plant. One ton, and smaller code 167 cylinders are spray painted in booths at the plant. It has not been determined if spent paint filters and overspray generated in the booths are hazardous wastes. Currently these wastes are placed in dumpsters for disposal at the local landfill. I told Mr. Lanter and Mr. Kady that they will have to determine if this waste is hazardous, pursuant to 722.111.

Hazardous waste processes utilized at Allied include: 1) A containerized storage area (S01); 2) Acid waste storage tanks and waste collection sump (S02); 3) A deep well injection operation (D79); and 4) A neutralization process (T04).

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STATE OF ILLINOIS

26

LPC #18380427 - Vermilion County  
Danville/Allied Chemical  
ILD #005463344  
(September 20, 1983)

The T04 process was described as follows: A catalyst stripper reactor and distillation column is inspected annually. Prior to the inspection, the catalyst is removed temporarily, and then the reactor and column are washed down with water. The wastewater generated is acidic, and contains residues of the antimony catalyst, and arsenic. The wastewater is neutralized with sodium hydroxide in a 5,000 gallon tanker truck. The wastewater is pumped into the deep well. The solids remaining are containerized and shipped off-site. The last shipment (165 gallons) of the spent antimony catalyst sludge was shipped on June 15, 1982, under Special Waste Permit #920365.

Hydrochloric acid waste is stored in tanks #33, #34, and #40, which have approximate capacities of 20,000, 20,000, and 400,000 gallons, respectively. Tank #38, which was listed in the Part A application, has been scrapped. The acid waste in these tanks is routed through the waste collection sump before disposal in the deep well. Also routed through the sump are boiler blowdown, cooling tower blowdown, and scrubber wastes, as is any surface water runoff and precipitation collected from the process and storage areas.

Also injected into the deep well is carbon tetrachloride collected from five 6-inch diameter, and one 2-inch diameter recovery wells. Carbon Tetrachloride contamination of groundwater at this facility was discussed in a groundwater investigation report prepared by Geraghty and Miller, Inc. in September, 1979. The contamination occurred as a result of past spills and leaks from carbon tetrachloride storage facilities. Mr. Lanter described the discovery of a hole in a carbon tet (#16) storage tank, and in the asphalt base under the tank, soon after July, 1979.

Some carbon tetrachloride contaminated with water was shipped off-site on June 15, 1982. Seven-hundred and seventy (770) gallons (14 drums) were shipped under IEPA manifest #0392817 and Special Waste Permit #920366. Containerized storage of this waste was not included on the Part A application.

A barrel stored in the containerized storage area labeled "M-17 Solvent", with an accumulation start date of 6-1-81 was observed. Mr. Lanter stated that he thought the date was incorrect. He could not produce analyses for this waste during the inspection.

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LPC #18380427 - Vermilion County  
Danville/Allied Chemical  
ILD #005463344  
(September 20, 1983)

A barrel containing only several inches of alpha methyl styrene contaminated with water was also in the storage area. Alpha methyl styrene has a low flash point (less than 140°F). Due to the presence of water, Mr. Lanter thought the waste in the barrel would have a flash point of greater than 140°F.

I received a copy of Allied's Superfund Section 103c notification form (attached). Mr. Lanter described Allied's pre-RCRA hazardous waste storage and disposal activities. Areas of interest are labeled A through E on attachment AA.

Mr. Lanter said Areas A and B were closed in about 1956 and 1958, respectively. Hydrochloric acid, spent caustic, aluminum chloride and aluminum fluoride wastes were disposed here.

Area C was utilized temporarily in 1973 as an effluent pond while the deep well was being repaired. The pond was lined with polyethylene. Acid wastes and other wastewaters were pumped into the pond. At closure, the liquid was pumped into the deep well, and the berms bulldozed in. Area C is currently grassed over.

Area D was closed in June, 1980. This was an effluent pond receiving acid wastes and other wastewaters. At closure, liquids were pumped into the deep well, and the pond was filled in with dirt, brick, and gypsum from Tee-Pac in Danville.

Area E was also closed in June, 1980. Waste calcium chloride, calcium fluoride, spent activated carbon and aluminum, silica gel, and overflow from the effluent pond were disposed here. Areas D and E currently are a low, grassy mound.

At NPDES permitted outfall #001 north of the plant, rain water runoff collected by storm sewers is discharged to an unnamed tributary of Lick Creek. Flow, pH, and fluoride are monitored.

The facility closure plan and closure cost estimates were reviewed. No apparent deficiencies were noted. Mr. Lanter said Allied has provided financial assurance for facility closure by the financial test, alternative II.

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LPC #18380427 - Vermilion County  
Danville/Allied Chemical  
ILD #005463344  
(September 20, 1983)

Apparent violations noted during the inspection include the aforementioned failures to make a hazardous waste determination for paint filters and overspray, and to have an analysis of M-17 solvent.

Other apparent violations are noted in the attached report and letter.

DCJ/cp

Attachment

cc: DLPC/FOS, Central Region  
U.S.E.P.A./Region V

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EPA - U.S.E.P.A.  
STATE OF ILLINOIS

<b>FORM 1</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b>		<b>EPA I.D. NUMBER</b>	
<b>GENERAL</b>		<b>GENERAL INFORMATION</b>		<b>FIELD 005463344</b>	
<b>LABEL ITEM</b>		<b>EPA I.D. NUMBER</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>III. FACILITY NAME</b>		ILL005463344		If a preprinted label has been provided, fill it in the designated space. Review the information carefully. If any of it is incorrect, write through it and enter the correct information. If the preprinted data is absent, fill in the designated fill-in area below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI if facility must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed data requirements and for the legal authorization under which this data is collected.	
<b>V. FACILITY MAILING ADDRESS</b>		ALLIED CHEMICAL CORP PO BOX 13 DANVILLE, IL 61832			
<b>VI. FACILITY LOCATION</b>		BREWER ROAD DANVILLE, IL 61832			

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J. If you answer "yes" to any question, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your facility is excluded from permit requirements; see Section C of the instructions. See also Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X" (Form Attached)			SPECIFIC QUESTIONS	MARK "X" (Form Attached)		
	YES	NO	ATTACHED		YES	NO	ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NOTE	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X		See X-C
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production. Inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in-situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1. **SKIP** ALLIED CHEMICAL CORP DANVILLE WORKS

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (Last, first &amp; title)</b>		<b>B. PHONE (area code &amp; no.)</b>	
2. LANTER N A MANAGER TECHNICAL		217 446 4700	

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>		<b>B. CITY OR TOWN</b>		<b>C. STATE</b>	<b>D. ZIP CODE</b>
3. PO BOX 13		DANVILLE		IL	61832

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>		<b>B. COUNTY NAME</b>		<b>C. CITY OR TOWN</b>	<b>D. STATE</b>	<b>E. ZIP CODE</b>	<b>F. COUNTY CODE (if known)</b>
5. BREWER ROAD		VERMILION		DANVILLE	IL	61832	183

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
2 8 6 9 (specify)	Industrial Organic Chemicals	7 2 8 1 9 (specify)	Industrial Inorganic Chemicals
C. THIRD		D. FOURTH	
(specify)		(specify)	

## VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
8 ALLIED CHEMICAL CORPORATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other," specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)		2 1 7 4 4 6 4 7 8 0	
E. STREET OR P.O. BOX			
P.O. BOX 13			
F. CITY OR TOWN		G. STATE H. ZIP CODE	
B DANVILLE		IL 6 1 8 3 2	
		I. INDIAN LAND	
		Is the facility located on Indian lands? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Waters)		D. PSD (Air Emissions from Proposed Sources)	
9 N IL 0042803		9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U 1980-UIC-200P		(specify) See Attached Sheet	
C. RCRA (Hazardous Wastes)		F. OTHER (specify)	
9 R		(specify)	

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and the well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Production of fluorocarbon refrigerants 12 & 11 and hydrochloric acid.  
Blending and packaging of refrigerants and aerosol propellants.

F 9 A / S 1

## XIII. CERTIFICATION (see instructions)

I, hereby certify under penalty of law that I have personally examined and the information contained herein is true and correct to the best of my knowledge and belief, based on my inquiry of those persons who provided the information contained in this application. I believe that the information is true, accurate and complete. I understand that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
P. M. Crosby Vice President-Performance Chemicals		Nov. 11, 1980

## COMMENTS FOR OFFICIAL USE ONLY

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Chemicals Company  
Environmental Affairs Department  
P.O. Box 1139R  
Morristown, New Jersey 07960

November 14, 1980

EPA Region V  
RCRA Activities  
P. O. Box 7861  
Chicago, IL 60680

Subject: RCRA Permit Application (Part A)  
Allied Chemical Danville Works  
EPA ID #ILD005463344

Dear Sir:

Pursuant to 40 CFR Part 122, we herewith submit the subject permit application including Forms 1 and 3.

The process listing in Form 3, Section III is based on our interpretation of the RCRA regulations and the EPA Guide to the Regulations, and in some cases on discussions with EPA personnel.

The description of hazardous wastes listed in Form 3, Section IV is understood to be a current representation of our operations. However, such description may change as a result of alternate use or variation in raw materials, reagents, treating agents and/or manufacturing process variations.

The facility drawing for Form 3, Section V is our collective recollection at the present time regarding areas of past storage, treatment or disposal operations. We reserve all legal and other rights concerning this matter because of the considerable passage of time since the facility began operations.

If you have any questions about this application, please call the facility contact listed in Form 1.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'R. Sobel'.

R. Sobel, Director  
Environmental Control

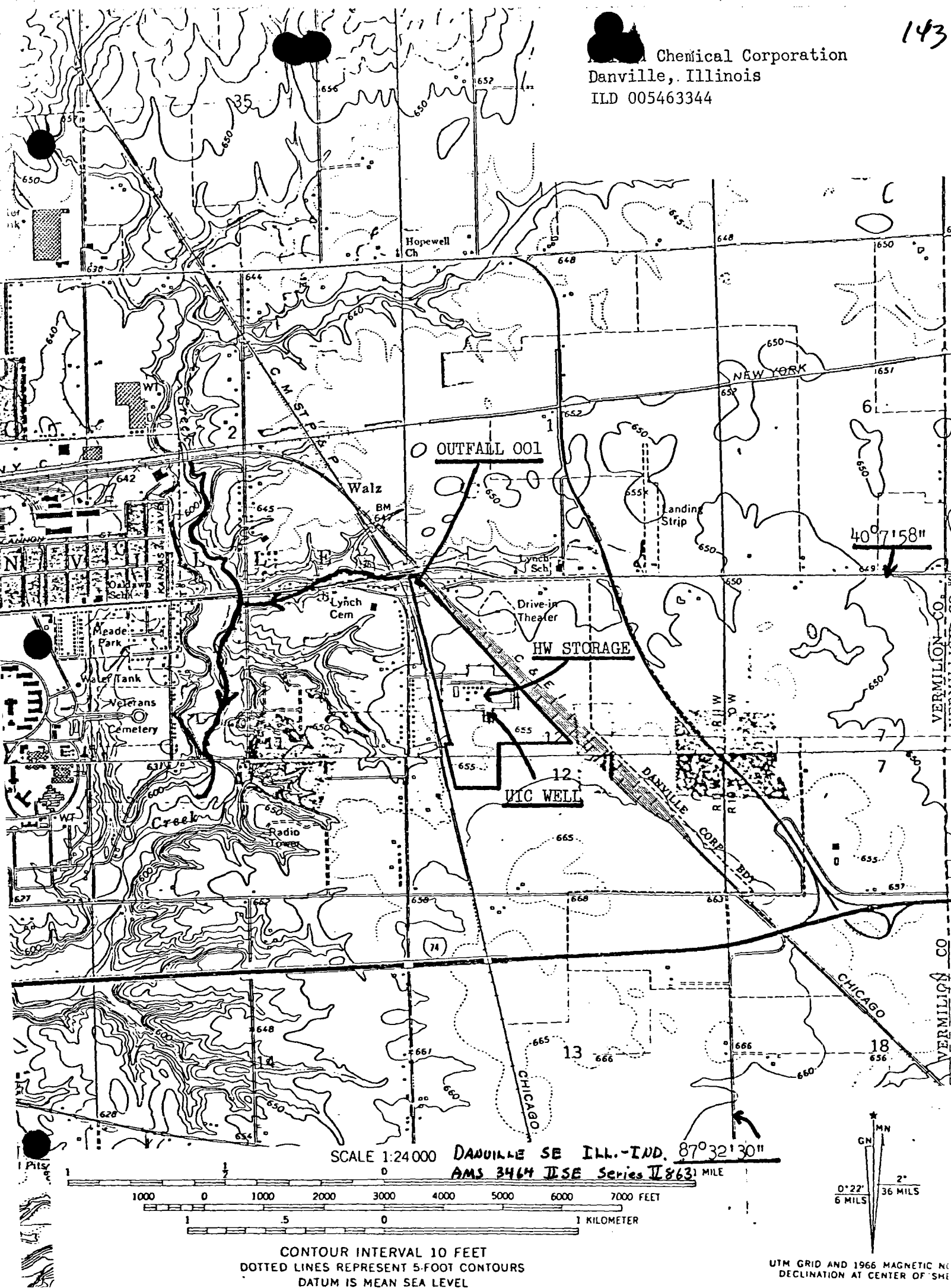
RS/jp

Form 1

Item X-E Illinois EPA Air Operating Permits

02100743	#1 Boiler
02100744	#2 Boiler
03020847	51 thru 58 storage tanks
02120933	HF vent scrubber
02100740	12/11 Process
75080234	South Absorber
06120019	HCl recovery and purification
08030082	Ventilating systems

Chemical Corporation  
Danville, Illinois  
ILD 005463344





<b>FORM 3</b> <b>RCRA</b>		 <b>EPA</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small>		<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:5%;">5</td><td style="width:5%;">F</td><td style="width:5%;">I</td><td style="width:5%;">L</td><td style="width:5%;">D</td><td style="width:5%;">0</td><td style="width:5%;">0</td><td style="width:5%;">5</td><td style="width:5%;">4</td><td style="width:5%;">6</td><td style="width:5%;">3</td><td style="width:5%;">3</td><td style="width:5%;">4</td><td style="width:5%;">4</td><td style="width:5%;">3</td><td style="width:5%;">1</td></tr><tr><td colspan="16" style="text-align: center; font-size: small;">1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</td></tr></table>										5	F	I	L	D	0	0	5	4	6	3	3	4	4	3	1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32																																																											
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2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																										
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<b>EXAMPLE FOR COMPLETING ITEM III</b> (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																										
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**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR, FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

- III. 4. The catalyst stripper distillation column is washed with water prior to an annual internal inspection. The acidic material including antimony chloride is neutralized with sodium hydroxide in a 5000 gallon tank truck prior to drumming off for disposal in an approved landfill.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

- A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

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EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W I L D 0 0 5 4 6 3 3 4 4 3 1										W 1 2 DUP 3 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)															
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
1	D 0 0 1	3,411 000	P	S 0 1															
2	D 0 0 2	157,500 000	T	S 0 2	D 7 9														
2	U 2 1 1																		Included in above
4	D 0 0 3	3,124 000	P	S 0 1															
5	K 0 2 1	45 000	T	S 0 1	T 0 4														
5	D 0 0 4																		Included with above
7																			
8																			
9																			
10																			
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25																			
26																			

**IV. DESCRIPTION OF HAZARDOUS WASTE** (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	I	L	D	0	0	5	4	6	3	3	4	4	T/A	C
F													3	6

\*Certain facilities at this location are subject to tax exempt bonds issued by Illinois Industrial Pollution Control Financing Authority.

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 2 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

4	0	0	7	4	0	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, &amp; seconds)

0	8	7	3	3	2	7	0
72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\* NOTE ABOVE

A. NAME (print or type)

P. M. Crosby

B. SIGNATURE



C. DATE SIGNED

Nov. 11, 1980

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

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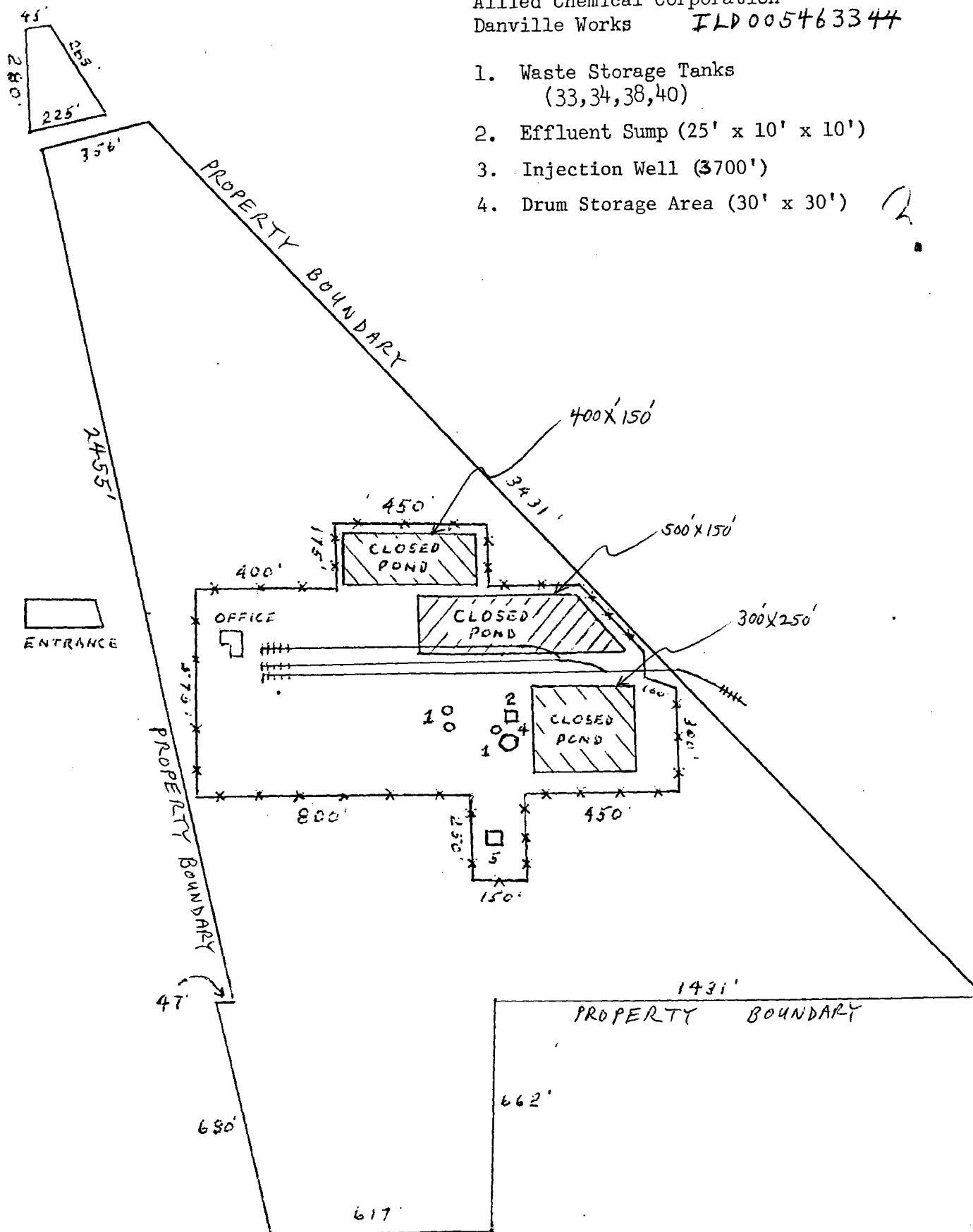
## V. FACILITY DRAWING (see page 4)

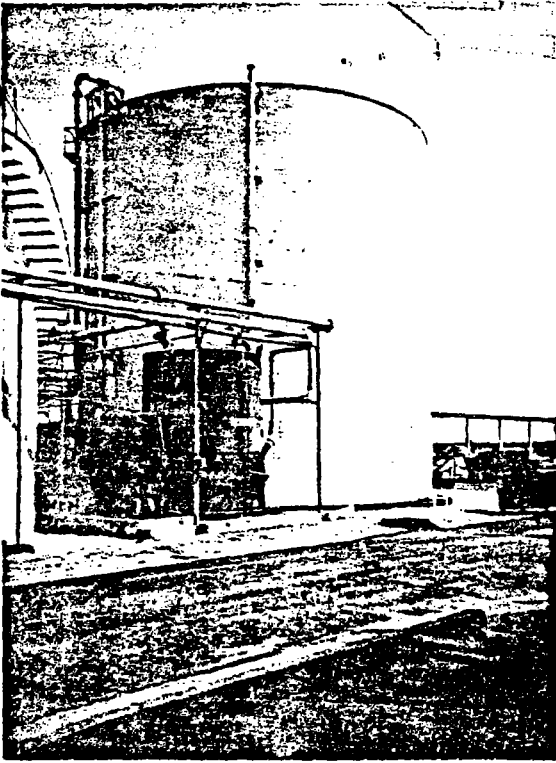
Allied Chemical Corporation

Danville Works

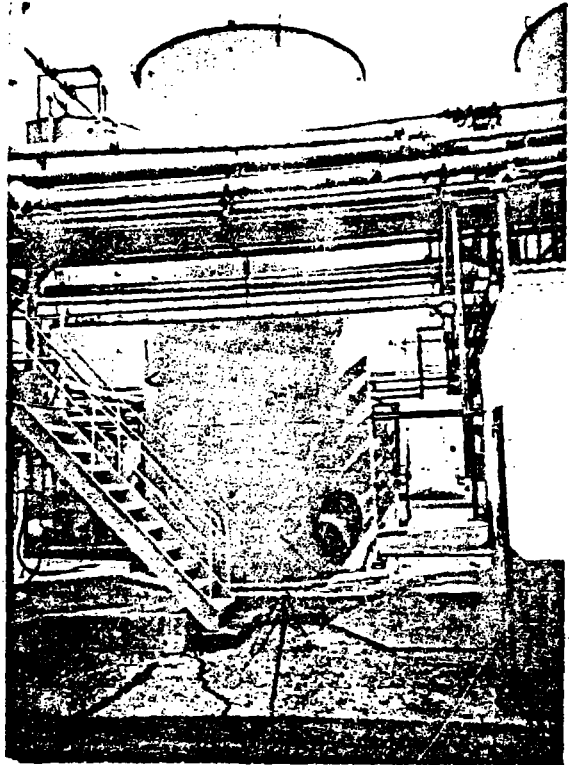
ILD005463344

1. Waste Storage Tanks (33,34,38,40)
2. Effluent Sump (25' x 10' x 10')
3. Injection Well (3700')
4. Drum Storage Area (30' x 30')

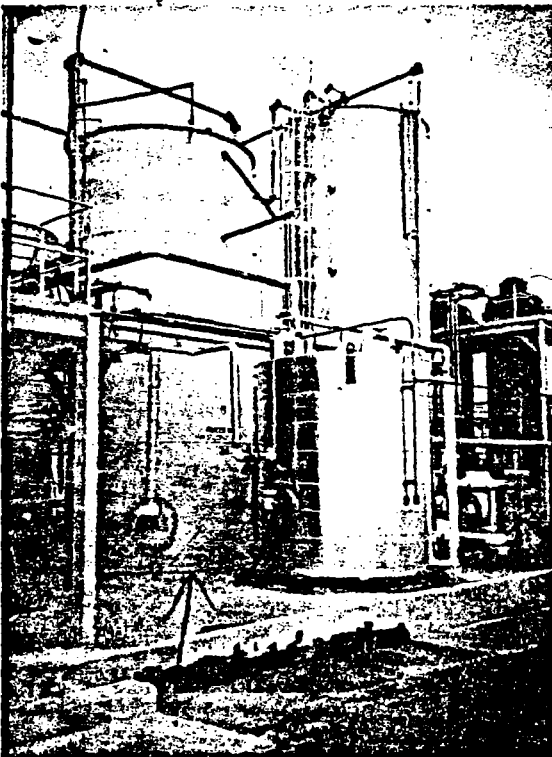




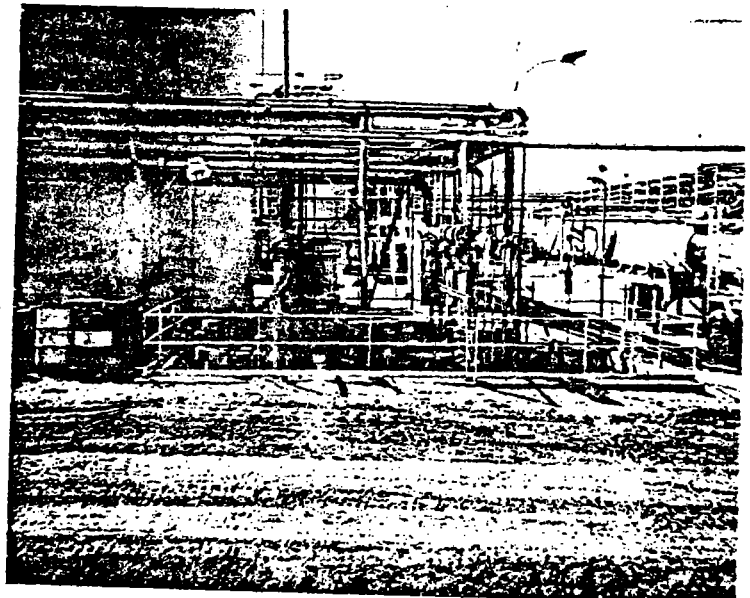
ACIDIC WASTE STORAGE TANKS  
(#38 & #40)



ACIDIC WASTE STORAGE TANK  
(#33)



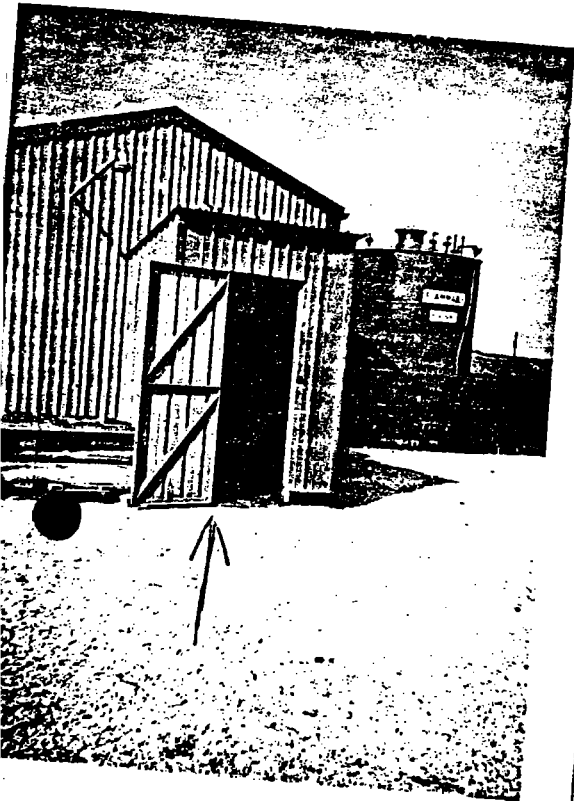
ACIDIC WASTE STORAGE TANK  
(#34)



WASTE COLLECTION SUMP.

Allied Chemical Corp. 173  
Danville, Illinois  
ILD 005463344

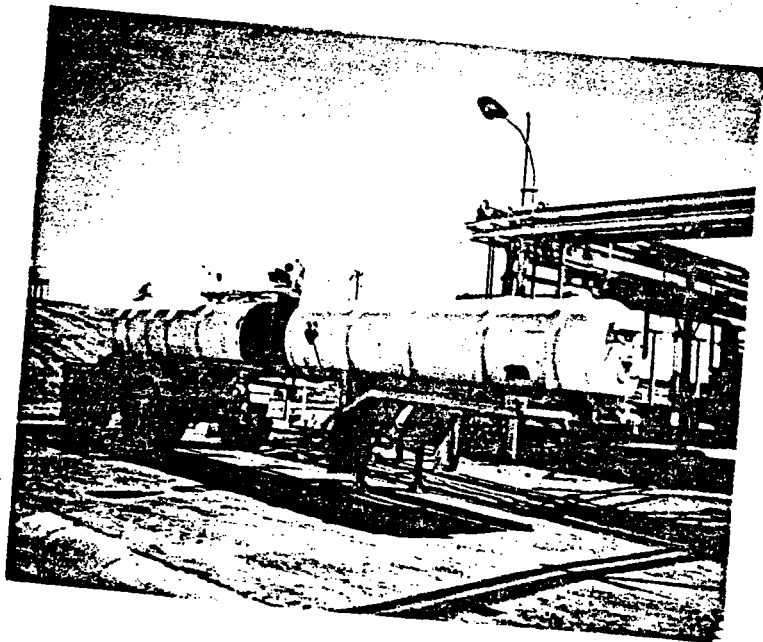
Pictures Taken 9/18/80



UIC DEEPWELL SHED



DRUM STORAGE AREA



ANNUAL ANTIMONY CHLORIDE  
NEUTRALIZING TANK TRUCK

Form 1

Item X-E Illinois EPA Air Operating Permits

02100743	#1 Boiler
02100744	#2 Boiler
03020847	51 thru 58 storage tanks
02120933	HF vent scrubber
02100740	12/11 Process
75080234	South Absorber
06120019	HCl recovery and purification
08030082	Ventilating systems